

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <i>Mutlag</i>	COURT CASE NUMBER <i>CV-00-1996</i>
DEFENDANT <i>Crosson</i>	TYPE OF PROCESS <i>Sec</i>
<b>SERVE</b> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>U. S. Attorney - Attention: Kathy Frye</i>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>Harrisburg, PA</i>	
<b>AT</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

RECEIVED  
U.S. MARSHALS SERVICE  
JAN 8 2001  
PER *[Signature]*  
DEPUTY CLERK

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <i>67</i>	District to Serve No. <i>67</i>	Signature of Authorized USMS Deputy or Clerk <i>A. Lavelle</i>	Date <i>12/14/00</i>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks"; the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

Signature of U.S. Marshal or Deputy

Service Fee <i>45.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>45.00</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <i>Mutlay</i>	COURT CASE NUMBER <i>CV-00-1996</i>
DEFENDANT <i>Crosser</i>	TYPE OF PROCESS <i>Sec</i>
<b>SERVE</b> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>The Attorney General, DOJ</i>	
<b>AT</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>Washington, DC 20530</i>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*The Attorney General  
DOJ  
Washington, DC  
20530*

**COMPLETE THIS SECTION ON DELIVERY**A. **DEPARTMENT OF JUSTICE**

C. Signature

X

DEC 22 2000

☐ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

7000 0600 0024 7520 0230

PS Form 3811, July 1999

Domestic Return Receipt

CV-00-1996

102595-00-M-0952

TELEPHONE NUMBER

DATE

**WRITE BELOW THIS LINE**

USMS Deputy or Clerk

Date

*elle**12/2/00*As shown in "Remarks", the process described  
operation, etc., shown at the address inserted below.

named above (See remarks below)

Name and title of individual served

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

*12/2/00*

pm

Signature of U.S. Marshal or Deputy

*A. L. L. L.*

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

*8.00**8.00*

REMARKS:

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <b>Issa Mutlaq</b>	COURT CASE NUMBER <b>00-1996</b>
DEFENDANT <b>John Crosson</b>	TYPE OF PROCESS <b>Civil</b>
<b>SERVE</b> NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>AT</b> <b>John Crosson, I.N.S. Deportation Officer</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>I.N.S. Allenwood I.S.I., PO Box 209, Whitdeer, Pa 17887</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Issa Mutlaq**  
**Snyder County Prison**  
**600 Old Colony Road**  
**Selinsgrove, Pa 17870**

Number of process to be served with this Form - 285	<b>1</b>
Number of parties to be served in this case	<b>3</b>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All


**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**John Crosson INS**  
**Deportation Officer**  
**INS Allenwood PSI**  
**P.O. Box 209**  
**White Deer, PA**  
**17887**

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)	B. Date of Delivery <b>12/22/00</b>
C. Signature <b>X</b> 	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
D. Is delivery address different from item 1? If YES, enter delivery address below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

at the Allenwood  
OR 570-547-6141.

EPHONE NUMBER <b>70-374-7912</b>	DATE <b>11/7/00</b>
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**DO NOT WRITE BELOW THIS LINE**

MS Deputy or Clerk <b>Lavelle</b>	Date <b>12/12/00</b>
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as shown in "Remarks", the process described ration, etc., shown at the address inserted below.

2. Article Number (Copy from service label)

**9000 0600 0024 7520 0209****00-1996**

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Address (complete only if different than shown above)

<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Date of Service <b>12/22/00</b>	Time <b>pm</b>
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Signature of U.S. Marshal or Deputy  
**Andrew Lavelle**

Service Fee <b>8.00</b>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <b>8.00</b>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:



U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF <b>Issa Mutlaq</b>	COURT CASE NUMBER <b>00-1996</b>
DEFENDANT <b>Steven M. Wacha</b>	TYPE OF PROCESS <b>54c Civil</b>
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Steven M. Wacha, I.N.S. Officer</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>I.N.S., 3434 Concord Road, York, Pa 17402</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Issa Mutlaq**  
**Snyder County Prison**  
**600 Old Colony Road**  
**Selinsgrove, Pa 17870**

Number of process to be served with this Form - 285

**1**

Number of parties to be served in this case

**3**

Ask for service  
J.S.A.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1; 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Steven M. Wacha*  
*I.N.S. Officer*  
*I.N.S.*  
*3434 Concord Rd*  
*York, PA 17402*

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☒ Agent  
☐ Addressee  
☐ Yes  
☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

TELEPHONE NUMBER  
**70-374-7912**

DATE  
**11/7/00**

**WRITE BELOW THIS LINE**

US Deputy or Clerk

Date

*Lanelle*

*12/12/00*

2. Article Number (Copy from service label)

*7000 0600 0024 75200216*

*CV-00-1996*

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

as shown in "Remarks", the process described  
ation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

*12/14/00*

*am*  
*pm*

Signature of U.S. Marshal or Deputy

*Antonia Lanelle*

Service Fee <i>8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>8.00</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Issa Mutlaq</b>	COURT CASE NUMBER <b>00-1996</b>
DEFENDANT <b>Charles Zemski</b>	TYPE OF PROCESS <b>Civil</b>
<b>SERVE</b> → NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>AT</b> <b>Charles Zemski, District Director of I.N.S.</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>I.N.S., 1600 Callowhill Road, Philadelphia, Pa 19130</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Issa Mutlaq**  
**Snyder County Prison**  
**1600 Callowhill Road**

Number of process to be served with this Form - 285	<b>1</b>
Number of parties to be served in this case	<b>3</b>

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Charles Zemski**  
**District Director**  
**INS**  
**1600 Callowhill Rd.**  
**Phila., PA 19130**

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

**X***[Signature]*☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesYES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

for service

A.

E (Include Business and Alternate Addresses, All

Fold

of the I.N.S. in  
-7164.TELEPHONE NUMBER  
**570-374-7912**DATE  
**11/7/00**

## DO NOT WRITE BELOW THIS LINE

USMS Deputy or Clerk

Date

*[Signature]***12/14/00**

I hereby certify and return that the process described on the individual, company, corporation, etc., at the address shown above.

as shown in "Remarks"; the process described on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service  
**12/14/00** Time  
**pm**

Signature of U.S. Marshal or Deputy

*[Signature]*

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

**8.00****8.00**

REMARKS: